

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (For use with Form PTO/SB/06)							Application Number <b>08/850,996</b>		Filing Date <b>May 5, 1997</b>	
							Applicant(s) <b>LYDECKER, George et al.</b>			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		After 3rd Amdt *		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	✓		✓		A		✓			
2		✓		✓		A		✓		
3		✓		✓		A		✓		
4		✓		✓		A		✓		
5		✓		✓		✓		✓		
6		✓		✓		✓		✓		
7		✓		✓		✓		✓		
8		✓		✓		✓		✓		
9		✓		✓		✓		✓		
10		✓		✓		✓		✓		
11		✓		✓		✓		✓		
12		✓		✓		✓		✓		
13		✓		✓		✓		✓		
14		✓		✓		✓		✓		
15	✓		✓		✓		✓			
16	✓		✓		✓		✓			
17	✓		✓		✓		✓			
18			✓		✓		✓			
19			✓		✓		✓			
20			✓		✓		✓			
21			✓		A		✓			
22				✓		✓		✓		
23				✓		✓		✓		
24				✓		✓		✓		
25				✓		✓		✓		
26				✓		✓		✓		
27				✓		✓		✓		
28				✓		✓		✓		
29				✓		✓		✓		
30			✓		✓		✓			
31			✓		A		✓			
32				✓	✓		✓			
33					✓		✓			
34						✓	✓			
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50										
Total Indep	4		8		7		1			
Total Depend	13		24		28		13			
Total Claims	17		32		35		14			

As Amended C = Cancelled

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:** Assistant Commissioner for Patents, Washington, DC 20231.